_		Eff	ective O	E.DETERN Ctober 1, 2	ANIN 003	TION REC	COR	D	10	171	مسا	-	- <b></b>
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMAL	L ENTI		2 [	10	IER THA
	TOTAL CLAIN	18				1901411112		-			_OF	SMA	LL ENTI
	OR		NUM	NUMBER FILED		NUMBER EXTRA		RAT		EE	1	RAT	E FE
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*	* If the difference in column 1 is less than zero, enter "0" in column 2										OR	L	
		CLAIMS AS	AMEND	ED - PART	T 11 -		· · ·	TOTA	L		OR	TOTAL	
Г	T	(Column 1)		(Column 2) (Column 3)				SMAL	L ENTI	TY.	OR	OTHE	R THAN L ENTITY
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		REMAINING AFTER AMENDMENT		NUMBER PREVIOUS PAID FOR	ELY	PRESENT EXTRA	F	RATE	ADDI- TIONA FEE		Γ	RATE	ADDI- TIONAL
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H	f the entry in column 1 is less than the cate to act to be a section.								. ,	OR	1+	290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  TOTAL  TOTAL													
Th	e "Highest Numb	er Previously Paid	For" (Total or	S SPACE is les: (Independent) i	s than 3 s the hij	l, enter "3." ghest number f	lound H	i i. ree L 1 the anni	Opriate h	ox ju c. T.	ADD	IT. FEE L	
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